

FILED
JAN -2 PM 1:25
CLERK OF DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Mark McCain Lowe,

Plaintiff,

vs.

Jimmy Walker

Warden,

Defendant.

CASE NO. 5157486

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

SI

(PR)

I. MARK LOWE, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 Golden Bay Protective Services, Security and Patrol

5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ☐ No ☒
 10 self employment

11 b. Income from stocks, bonds, Yes ☐ No ☒
 12 or royalties?

13 c. Rent payments? Yes ☐ No ☒

14 d. Pensions, annuities, or Yes ☐ No ☒
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ☐ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ☐ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☐ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ☐ No ☐ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☐ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on this Account
	\$ _____	\$ _____
<i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

N/A

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☒

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12-28-07

DATE

Mark McCain Lowe
SIGNATURE OF APPLICANT

Case Number: 5157486

Case Number: S/57486

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of MARK M. LOWE for the last six months at

[prisoner name]

CSP GARRETT where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 7.88 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 23.51.

Dated: 01/14/07

[Authorized officer of the institution]



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature]
TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIF STATE PRISON SACRAMENTO
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU DEC 13, 2007

ACCOUNT NUMBER : F18836 BED/CELL NUMBER: FB7 1 00000016L
 ACCOUNT NAME : LOWE, MARK MCCAIN ACCOUNT TYPE: I
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
05/01/2007		BEGINNING BALANCE					51.06
05/14	*DD30	CASH DEPOSIT	MR7815/ROC		9.00		60.06
05/15	FC01	DRAW-FAC 1	603419ADSG			13.52	46.54
05/16	W521	FUND RAISER C	603448FNDR			10.00	36.54
06/05	W536	COPAY CHARGE	603640CPAY			5.00	31.54
06/11	FR01	CANTEEN RETUR	603696			0.49-	32.03
06/12	FC02	DRAW-FAC 2	603713BFAC			13.05	18.98
06/20	W700	IWF SP SURCHA	603819/QTR			1.64	17.34
06/20	W415	CASH WITHDRAW	603819/QTR 205042241			16.40	0.94
07/06	*DD30	CASH DEPOSIT	MR4649/ROC		9.00		9.94
08/14	FC02	DRAW-FAC 2	700426BFAC			9.94	0.00
08/16	*DD30	CASH DEPOSIT	MR4857/ROC		9.00		9.00
09/10	*DD30	CASH DEPOSIT	MR4951/ROC		9.00		18.00
09/18	FR01	CANTEEN RETUR	700756			0.19-	18.19
09/18	FC02	DRAW-FAC 2	BFAC700763			18.00	0.19
10/16	FR01	CANTEEN RETUR	701035			0.10-	0.29
11/08	*DD30	CASH DEPOSIT	MR5228/ROC		11.25		11.54
12/11	FC02	DRAW-FAC 2	701652BFAC			11.54	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/16/05 CASE NUMBER: 050014605
 COUNTY CODE: CC FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
05/01/2007		BEGINNING BALANCE		9,786.00
05/14/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,776.00
07/06/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,766.00
08/16/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,756.00

CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU DEC. 13, 2007

ACCT: F18836 ACCT NAME: LOWE, MARK MCCAIN ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/16/05
COUNTY CODE: CC

CASE NUMBER: 050014605
FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS AMT.	BALANCE
09/10/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,746.00
11/08/07	DR30	REST DED-CASH DEPOSIT	12.50-	9,733.50

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
51.06	47.25	98.31	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature]
TRUST OFFICE

PROOF OF SERVICE

(C.C.P. §2015.5; 28 U.S.C. §1745)

I, MARK LOWE, am over the age of eighteen (18) years,
and I (am) (am not) a party to the within cause of action. My address is:

CSP-Sacramento
P.O. Box 290866
Represas Calif, 95671.
F18836

On, December 20, 2007, I served the following
documents:

FILED Documents

_____ on the
below named individuals by depositing true and correct copies thereof in the United
State mail in Represa, California, with postage fully prepaid thereon, addressed as
follows:

1. CLERK OF The United
States District Court for
The Northern District of
California, 450 Golden Gate AVE
Box 36060, SAN FRANCISCO CA, 94102.

2. Attorney General's office
455 Golden Gate AVE, Suite
11000, San Francisco Calif,
94102.

I have read the above statements and declare under the penalty of perjury of
the laws of the State of California that the foregoing is true and correct.

Executed this 20 day of December, 2007, at California
State Prison at Sacramento, Represa, California.

(Signature) Mark McCain Lowe
Declarant

*For Myrtle
#18836 B7-116**trust office*UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**INSTRUCTIONS FOR PRISONER'S
IN FORMA PAUPERIS APPLICATION**

You must submit to the court a completed Prisoner's In Forma Pauperis Application if you are unable to pay the entire filing fee at the time you file your complaint or petition. Your application must include copies of the prisoner trust account statement showing transactions for the last six months and a certificate of funds in prisoner's account, signed by an authorized officer of the institution.

A. Non-habeas Civil Actions

The filing fee for any civil action other than a habeas is \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C. § 1915.

You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the 6-month period immediately before the complaint was filed. The court will use the information provided on the certificate of funds and the trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment if in forma pauperis status is granted.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00) in your account, you will not be required to pay part of the filing fee that month.

If your application to proceed in forma pauperis is granted, you will be liable for the full \$350.00 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid. However, if you do not submit this completed application the action will be dismissed without prejudice and the filing fee will not be collected.

B. Habeas Actions

The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in forma pauperis you will not be required to pay any portion of this fee. If you are not granted leave to proceed in forma pauperis you must pay the fee in one payment and not in installments. **If you use a habeas form to file a non-habeas civil action, you will be required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.**